Demographic Reporting Form

Individual – Quarterly Totals

Positive Alternatives

Dates: 1/1/2017 to 3/31/2017 Grantee Name: Women's Life Care Center

1. Client Age Range:

3	7	9	۷	9	Þ	0	0
Nuknown age	+98	30-34	52-28	20-24	61-81	ZI-91	Under 15

2. Client Pregnancy Status:

0	9	9	3	S	6
Other or (Father or Grandparent)	Pregnancy Status Unknown	muheq-tso9	3rd Trimester	Snd Trimester	1st TeteninT

3. Client Marital Status:

t	13	11
Unknown	Not Married	Married
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4. Client Race:

7	l	L	0	0	8	L
Касе:	Race: Other/ Multi Race	Race: Asian Pacific	Race: American Indian	Race: African- African	Race: African American	Race: White

5. Client Ethnicity:

7	91	10
Ethnicity:	Hispanic Ethnicity: No	Hispanic Ethnicity: Yes

6. Client Type:

0	0	0	28
Other	Grandparent	Father	Mother

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- Complete a form on each new client who qualifies for participation in the Positive
 Alternatives program. (Eligible clients are women/men residing in Minnesota who are pregnant or who are parenting an infant 12 months old or younger.)
- pregnant of who are parenting an infant 12 months old or younger.)

 2. Collect answers for the form at the time the Necessary Services discussion is held with the client.
- 3. For each question, check the box that corresponds to the category best describing the
- client.

 4. If your organization is not able to collect information requested on the form (e. g., race and/or ethnicity) check "Unknown".
- 5. For "Client Pregnancy Status", if the client is entering the program parenting an infant 12 months old or younger, check "Post-partum". When pregnancy status is unidentified please check "Pregnancy Status Unknown." If the client is a father or grandparent please check "Other."
- 6. Please check your math before your final submission. Each Line should add up to the same total.